BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 50 1. PLACE OF DEATH a. COUNTY (If outside corporate limits, write RURAL and give of the primary) of the place of the primary of the place of the primary of the place of the primary of the place of the p	FILED FEB	2.4 10.1a			-	ALTH OF MISS				42	201
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HOSPITAL OR INSTITUTION 3. NAME OF DECRASED Bettle	TOWN Ful	ton R.	F.D.	# 1	Life	. TOWN	Fulto	n			<u> </u>
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Type or Print Bettle Jane Humphreys Death Proposition Print P	3. NAME OF	a. (First)		b. (Midd	lle)	c. (Last)			(Month)	(Day)	
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NO NO. Harry Humphreys, Fulton, MO R.R.D. 8. CAUSE OF DEATH Tatter only one causes per line for (a), (b), and (c) *This does not mean the mode of dying, such the state of t								 			
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TION 21a. ACCIDENT SUICIDE Home. farm. factory, street, office bidg., etc.) 21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WORK AT WORK 22d. I hereby certify that I attended the deceased from AT 43 1949, to 12, 1949, that I last saw the decease alive on 15, 1949, and that death occurred at 15, 1949, to 12, 1949, that I last saw the decease alive on 15, 1949, and that death occurred at 15, 1949, to 15, 1949, to 16, 1949, to 16, 1949, to 17, 1949, that I last saw the decease alive on 15, 1949, and that death occurred at 15, 1949, to 16, 1949, to 194	19a. DATE OF OPERA-						110	<u> </u>		20. AU	TOPSY?
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alive on FGL, 1919, and that death occurred at Am, from the causes and on the date stated above. 23a. SIGNATURE (Degree of title) 23b. ADDRESS 23c. DATE SIGNI 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE 12b. MORRILL Trailing ton DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE 12c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) CAPTING ton. MO. DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE 12c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) CAPTING ton. MO. DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE 12c. NAME OF CEMETERY OR CREMATORY 25c. GUNERAL DIRECTOR'S SIGNATURE ADDRESS Tell (1) Tell (1) Tell (2) Tell (2) Tell (3) Tell (3) Tell (4) Tell (4	21d. TIME (Month)	(Day) (Year)	1	WHILE AT N	OT WHILE	21f. HOW DID INJ	JURY OCCUR?			<u>-</u>	
24a. BURIAL CREMA: 246 COATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Style) TION BELLOVING (Style) 2-15-49 Carring ton Carring ton, Mo. DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE ADDRESS Tels 15. 1849 Coarring ton Carring ton, Mo. DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE ADDRESS Tels 15. 1849 Coarring ton, Mo. Tels 15. 1849 Coarring t	and the same			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
BUTIAT 2-15-49 Carrington Carrington. Mo. DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE SO 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jeb 13/849 Jone Morallkoff Vallace Luneral Home, Lutton M.	-51	Meu	, la	With	0_	74	lou)uq	7	Fel	ATE SIGNE
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE ST. TO SUMERAL DIRECTOR'S SIGNATURE ADDRESS Tel 15-1949 Local November Hope Wallace Luneral Home, Fulton M	24a. BURIAL. CREMA TION HEMOVAD (Breedly BUTIAL	2-15-4	. 9	1 _ /	'		_		-	_	(State)
(Licensed Embaltiner's Statement on Reverse Side)		REGISTRAR'S	SIGNATUR		Christ	25. GUNERAL DI	RECTOR'S	GNATURE	Home,	Jult	on mo
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	Date Filed
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working under my personal supervision,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______

Licensed Embalmer No. P. O. Address Tulton m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

Student Embalmer